

# Foster Family Home - Corrective Action Report

Provider ID: 1-190075

Home Name: Marie Alane Garrido, NA

Review ID: 1-190075-1

271 Kaliponi Street

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 10/24/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 10/24/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

David Ayling  
Compliance Manager

10/24/19  
Date

Marie A. Garrido  
Primary Care Giver

10/24/19  
Date